

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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DEPT OF HEALTH
PERSONNEL OFFICE

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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Stephen W. Mayberg			(916) 654-2309
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
1600 9th Street		Sacramento	CA 95814
			OPTIONAL FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Department of Mental Health

Division, Board, District, if applicable:

Director's Office

Your Position:

Director

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: State Independent Living Council

Position: Member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2004, through December 31, 2004.

-OR-

☐ The period covered is ____/____/____, through December 31, 2004.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2004, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D (Eliminated – report loans on Schedule C)

Schedule E ☐ Yes – schedule attached
Income – Gifts

Schedule F ☐ Yes – schedule attached
Income – Travel Payments

-OR-

→ ☐ No reportable interests on any schedule

Total number of pages

completed including this cover page: 5

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 2-21-05

Signature: [Redacted]

(File the originally signed statement with your filing official.)

COVER PAGE

A Public Document

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Stephen W.	Mayberg		(916) 654-2309
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
1600 9th Street		Sacramento	CA 95814

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Gov.'s Comm. on Employment of People w/Disabilities

Division, Board, District, if applicable:

Your Position:

Ex-officio member

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2004, through December 31, 2004.

-or-

☐ The period covered is ____/____/____, through December 31, 2004.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2004, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D (Eliminated – report loans on Schedule C)

Schedule E ☐ Yes – schedule attached
Income – Gifts

Schedule F ☐ Yes – schedule attached
Income – Travel Payments

-or-

→ ☐ No reportable interests on any schedule

Total number of pages
completed including this cover page: 5

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-21-05

Signature

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Stephen W. Mayberg, Ph.D.

> NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Intel

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Nokia

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Stephen W. Mayberg, Ph.D.

> 1. BUSINESS ENTITY OR TRUST

Stephen W. Mayberg, Ph.D.

Name

Address

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04 ____/____/04
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Owner

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☒ \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04 ____/____/04
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

> 1. BUSINESS ENTITY OR TRUST

Name

Address

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04 ____/____/04
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/04 ____/____/04
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Stephen W. Mayberg, Ph.D.

STREET ADDRESS OR PRECISE LOCATION

CITY

Carnelian Bay, California

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

ACQUIRED 04 DISPOSED 04

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

ACQUIRED 04 DISPOSED 04

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

* Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.

DEPT OF NATURAL RESOURCES
PERSONNEL DIVISION
2005 MAR 22 10:52 AM

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Dolezal	Elizabeth	Ann	(916) 684-2789
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: FAX/EMAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Developmental Services

Division, Board, District, if applicable:

Administration

Your Position:

Manager - Human Resources & Support Services

→ If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2004, through December 31, 2004.

-or-

☐ The period covered is ____/____/____, through December 31, 2004.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2004, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D (Eliminated - report loans on Schedule C)

Schedule E ☐ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

-or-

→ ☐ No reportable interests on any schedule

Total number of pages

completed including this cover page: _____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 22, 2005
(month, day, year)

Signature [REDACTED]

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Elizabeth A Dolezal

> NAME OF BUSINESS ENTITY
Condant Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Hotels, Car Rentals, etc

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/04 ____/____/04
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Microsoft Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computers

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
11/18/04 ____/____/04
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Pfizer Incorporated

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical Mfg

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/04 ____/____/04
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Seligman Communications

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/04 ____/____/04
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/04 ____/____/04
 ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/04 ____/____/04
 ACQUIRED DISPOSED

Comments:

SCHEDULE C
Income, Loans* & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Elizabeth A. Dolezal

> 1. NAME OF SOURCE OF INCOME

Inside Additions

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Carmichael CA 95608

YOUR BUSINESS POSITION

Owner

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other No Income Received
(Describe)

☐ LOAN RECEIVED (complete box 2)

> 1. NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

> 1. NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

☐ LOAN RECEIVED (complete box 2)

> 2. LOAN RECEIVED

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status.

Comments: